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FACSIMILE TRANSMISSION

DATE: March 7, 2005

TO: EXAMINER TERESA WALBERG

FACSIMILE NO.: 703-872-9306

FROM: Douglas Wathen

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RE: SN 10/690,098

MESSAGE:

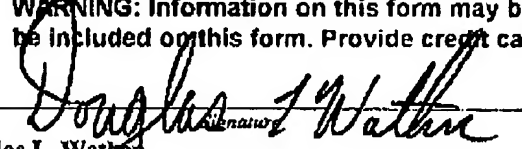
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Kolowich			VTP-10003/36
Application No. 10/690,098	Filing Date Oct. 21, 2003	Examiner T. Walberg	Group Art Unit 3742
Invention: THERMAL RECEPTACLE WITH PHASE CHANGE MATERIAL			
<p>I hereby certify that this <u>Amendment, Amendment Transmittal Letter, Terminal Disclaimer</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703/872-9306</u>)</p> <p>on <u>March 7, 2005</u> (Date)</p> <p><u>Sheryl L. Hammer</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Sheryl L. Hammer</u> (Signature)</p>			
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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. VTP-10003/36	
Applicant(s): Kolowich					
Application No. 10/690,098	Filing Date 10/21/2003	Examiner T. Walberg	Customer No. 25006	Group Art Unit 3742	Confirmation No. 3741
Invention: THERMAL RECEPTACLE WITH PHASE CHANGE MATERIAL					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33 -	20 =	13	x \$25.00	\$325.00
INDEP. CLAIMS	4 -	3 =	1	x \$100.00	\$100.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$425.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 07-1180 in the amount of \$425.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Douglas L. Watson Reg. No. 41,369 Gifford, Krass, Groh, Sprinkle et al. PO Box 7021 Troy, MI 48007-7021 Tel. 734/913-9300			Dated: March 7, 2005		
cc:			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.6(a)) on _____ (Date)		
			Signature of Person Mailing Correspondence		
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